

Office of the Registrar
REGISTRATION TRANSACTION FORM
http://registrar.gwu.edu • registrar@gwu.edu

This form must be submitted to your academic advisor or program office for approval. Students should not submit this form to the Registrar's Office.

Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

GWid	LAST NAME	FIRST NAME	EMAIL ADDRESS

ADD

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE

DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL
<input type="checkbox"/> YES <input type="checkbox"/> NO

REPEAT COURSE FOR CREDIT
<input type="checkbox"/> YES <input type="checkbox"/> NO

***GRADE MODE OPTIONS:**
 A= AUDIT
 C= LETTER GRADE
 P= PASS/NO PASS (undergraduates only)
 R= CREDIT/NO CREDIT (graduates only)

I request the above action be performed.

Student Signature _____ Date _____

AUTHORIZED SCHOOL OFFICIAL USE ONLY

Prior to start of the semester OR Effective Date: ____ / ____ / ____

Signature: _____ Today's Date: _____